IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Henricus Wilhelmus Theodorus Janssen

Serial No.:   10/018,115   Examiner: Valenti, Andrea M

Filed   :   June 14, 2002   Group Art Unit: 3643

For   :   PLANT SUPPORT AND METHOD FOR MANUFACTURING SUCH SUPPORT

AMENDMENT

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

November 10, 2004
Date of Deposit

Gary M. Butter   33,841
Attorney Name   PTO Reg. No.

                     November 10, 2004
Signature   Date of Signature

11/15/2004 HVUONG1 00000054 024377 10018115
)2 FC:1201   44.00 DA   44.00 OP

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action dated May 11, 2004, please consider the following amendments and remarks. Applicants request a three month extension of time and enclose the required fee as set forth in 37 C.F.R. § 1.17(a)(3).

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

12/03/2004 DBATES 00000002 024377 10018115
01 FC:1202   7 Remarks begin on page 9 of this paper.

-1-
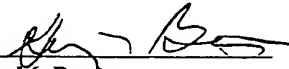
CONCLUSION

In view of the foregoing amendments and remarks, Applicants respectfully request withdrawal of the outstanding rejections and allowance of the pending claims.

Applicants request a three month extension of time and enclose herewith the requisite fee as set forth in 37 C.F.R. § 1.17(a)(3). Applicants do not believe that any additional fee is required in connection with the submission of this document. However, should any fee be required, or if any overpayment has been made, the Commissioner is hereby authorized to charge any fees, or credit or any overpayments made, to Deposit Account 02-4377. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

BAKER BOTTS L.L.P.

By: _____

Gary M. Butler
Patent Office Reg. No. 33,841

Dana Lau
Patent Office Reg. No. 55,361

30 Rockefeller Plaza
New York, NY 10012-4498
(212)-408-2500

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20=	* 5
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☑

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	798
X$ 9=		OR	X$18=	90
X42=		OR	X84=	
+140=		OR	+280=	280
TOTAL		OR	TOTAL	1260

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	• 19	Minus	** 25	• 0
Independent	• 4	Minus	*** 5	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

Rce 2/26/04

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	• 22	Minus	** 19	= 3
Independent	• 5	Minus	*** 4	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	54
X42=		OR	X84=	86
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	140

11/12/4

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
T tal	• 26	Minus	** 22	= 4
Independent	• 6	Minus	*** 5	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	72 pd
X42=		OR	X84=	88 pd
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	160

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is th highest number found in the appropriate box in column 1.